



School Leadership Call

9/30/09

General Updates

1. The School Leadership Call will now move to a weekly call – as we transition into an operations phase and get closer to the start of statewide school vaccination clinics
2. We will be disseminating the notes to these calls through email and on the web and include any questions and answers from the call
3. We also encourage you to submit questions in advance to Rosemary Reilly-Chammat at the Department of Health so that we can make these calls as valuable to you as possible. Rosemary's email address is Rosemary.Reilly-Chammat@health.ri.gov

Vaccine Distribution and Dispatch

1. Much of our planning and scheduling for vaccine clinics is dependent on the amount and presentation of vaccine we receive from CDC and their distribution company. Although we may begin ordering vaccine today, the doses available in the first distribution run will not be adequate or appropriate for school clinics.
2. Distribution is likely to be complicated – 4 depots for vaccine; 2 depots for ancillary kits; multiple presentations over different weeks
3. We are emphasizing that the first phase of the H1N1 vaccination campaign will go on for 6 to 10 weeks – this will be a difficult message given the media attention to the availability of vaccine
4. Kids and Pregnant women first
5. Children 4 years and younger will go to their pediatricians; school-aged children (5 – 18) will be vaccinated in school clinics; young adults will be vaccinated in college and university based clinics and special public clinics.

School Clinics: General

1. We have finalized the State's vaccination plan – including the school based clinics -- and will make it and a summary available to you in the next couple of days.
2. Review of the school clinic model:

- a. Generally, we are preparing to vaccinate at middle and high schools during the day; elementary schools in the evening or on weekends. This is the general approach and we anticipate some customization from this model.
- b. The school clinic program is a partnership between the Department of Health, Department of Education, the schools, the state's Medical Reserve Corps and the Wellness Company.

School Clinics: Scheduling

1. Given the uncertainty about vaccine availability, we will be developing a generic school clinic schedule – Vaccine Week 1, Vaccine Week 2, etc. Once we get our distribution numbers from the CDC, we will be able to lock in the dates.
2. We hope to have a DRAFT School Clinic Schedule to you for review by October 8th.
3. Between October 8 and October 15, we will work with the schools to finalize the schedule – “Final but flexible” – using a small scheduling team (formerly the Regional Coordinators) made up of staff from the Department of Education and the Department of Health. We hope to have the “final but flexible” school clinic plan by October 15th.

School Clinics: Communication

1. We apologize for the confusion we brought about with the school surveys that went out from the Wellness Company a couple of weeks ago. We – both the Health and the Wellness Company -- learned many important lessons from this experience – one of which was that we should send nothing out directly to the schools without giving the district or independent school leadership a copy first. We also learned that giving a verbal heads up on one of these calls is not enough either.
2. Moving forward, we will be sending out the notes to these calls. In addition, we will be notifying leadership in advance of any communications going on directly with schools.
3. Master Contact List: to facilitate this communication, we need to have a master contact list. Specifically we would like to have contact information – address, office phone, cell phone, email and fax numbers for the Superintendents and Heads of School, their lead designee for H1N1 response (if any), the Principal of each school and his/her administrative contact for the school based clinic.
4. Request Letter: tomorrow we will send out a request letter outlining the information we need and where to send it.
5. School Survey: with this letter you will also receive a copy of the school survey the Wellness Company sent out two weeks ago. We will be resending this survey to the schools, since it appears now that we will need additional

information. This is an example of us getting out over our skies; we hope not to repeat the error and beg your pardon and cooperation.

School Clinics: Operations Issues

1. School Clinic Kits: Over the next 10 days, the Wellness Company in consultation with the Department of Education and Health will put together a collection of School Clinic Kits. Each Kit will contain all the administrative supplies necessary to operate a School Based Clinic – for example, accordion files for consent forms, extra consent forms, signs, markers, tape and general instructions about how a clinic will operate. Next week, we will review the contents of the Kits.
2. The School Clinic Kits will be mailed to the designated administrative contact for each school.
3. The administrative contact for each school – depending on the school and the district, this may need to be done as a team effort. We also recommend connecting the school nurse teachers to this effort as well if possible.
4. We are currently planning to hold review or training sessions via conference calls for the administrative contacts and the principals to give them an opportunity to review the Kit with us and ask questions. We will have more details next week about when these sessions will be scheduled.

Other Issues

DCYF – we are currently working with DCYF to ensure that children under their care have opportunity to receive vaccine either in school-based clinics with appropriate consent or through other avenues. We hope to have more details about this next week.

Healthcare Service Regions School Sites: As part of the state's pandemic flu response plan, Rhode Island has been divided into 10 Healthcare Service Regions (HSRs), each headed up by a community hospital. For the H1N1 response, the HSRs will be activating pods to vaccinate healthcare workers and first responders. The following schools have been identified as pod sites for this response:

Landmark Medical: North Smithfield HS*

Fatima: North Providence HS*

Kent: West Warwick HS

South County Hospital: North Kingstown HS*

Newport: Gaudet Middle School in Middletown*

Westerly: Springbrook Elementary

The Miriam Hospital: Martin Middle School in East Providence

*denotes schools that will also serve as Alternate Care Sites if needed

Review of key dates:

October 1	Letters to Superintendents and Independent School Leadership requesting contact information and providing copies of the school surveys – contact information will be due to us by Tuesday, October 6 th (quick turnaround)
October 1	Wellness Company will resend the school surveys – this time using Department of Health letterhead so as to avoid confusion
October 7	Next Superintendent/School Leadership call; Draft Clinic Schedule
October 8	Send out Draft Clinic Schedule
October 8-14	The RIDE/HEALTH Scheduling Team to work with schools to finalize the Schedule
October 15	Final but Flexible School Clinic Schedule

Questions and Answers

Q. Can children from MA and CT, who attend school in RI, receive the H1N1 vaccine at the school clinic?

A. Yes, all children enrolled in the school, grades kindergarten–12, can receive the vaccine.

Q. Can school staff receive the vaccine at the school-based clinic?

A. No, only students can receive the vaccine at the school clinic. Staff members who are pregnant should contact their provider for H1N1 vaccine. Staff between the ages of 25-64 years old with high-risk health conditions will be able to receive vaccine from their provider or at another specified public health clinic. Immunizing students in school can help reduce spread of H1N1 among the entire school population.

Q. When will consent forms go out to parents?

A. Letters to parents including consent forms and vaccine information will be mailed soon. An update will be provided on the conference call next week. An electronic copy will be sent to all school leaders so you will have extra copies if necessary for distribution and posting on school and district websites. Parents of home-schooled children will also receive information. Home-schooled children can receive vaccine at their designated school.

Q. Are there any resources to help compensate school coordinators for work beyond the school day?

A. The State does not have additional resources to support administrative costs at schools for the school-based clinics.

Q. Will the vaccine used at the school clinics contain thimerosal?

A. The amount of thimerosal depends on the type of vaccine. Flu mist contains live virus and no thimerosal and will not be used in school clinics. Single dose vials of vaccine may contain trace amounts of thimerosal and will not be used in school clinics. Multi dose vaccine vials contain thimerosal and will be used to supply school clinics. Parents who do not want their children to receive vaccine with thimerosal should contact their provider. Parents who choose this option may have to wait longer to have their child vaccinated because school clinics are prioritized first in vaccine distribution plans..

Q. What is the age of consent to sign for vaccine?

A. Students 18 years of age and older can sign consent. All secondary school students must assent to the vaccine at the time of vaccination. Students can refuse the vaccine on the day of the school clinic.

Q. What age groups are covered in the school based vaccine effort?

A. Children, 5 years and older, can participate in the school based vaccine program. Children enrolled at school, 4 years old and younger, can receive vaccine from their provider.

Q. What are the side effects of the H1N1 vaccine?

A. The H1N1 vaccine is being manufactured by the same company that supplies seasonal flu vaccine. The side effects are identical to seasonal flu vaccine. Children who run a low-grade fever following vaccine may attend school.